

MONTHLY BUY OUT RATES FOR RMT AND EGR EFFECTIVE JULY 1, 2006

NAME OF HEALTH PLAN	NON-MEDICARE PLANS											
	INDIVIDUAL COVERAGE						FAMILY COVERAGE					
	INDIVIDUAL	GROSS AMT.	FEDERAL	STATE	FEDERAL	NET	FAMILY	GROSS AMT.	FEDERAL	STATE	FEDERAL	NET
	FULL COST	25% OF F/C IND.	TAX (20%)	TAX (5%)	PLUS STATE TAX	AMOUNT	FULL COST	25% OF F/C FAM.	TAX (20%)	TAX (5%)	PLUS STATE TAX	AMOUNT
Commonwealth Indemnity Plan Basic	\$705.15	\$176.29	\$35.26	\$8.81	\$44.07	\$132.22	\$1,694.81	\$423.70	\$84.74	\$21.19	\$105.93	\$317.77
Fallon Community Health Plan-Direct Care	344.77	86.19	17.24	4.31	21.55	64.64	827.00	206.75	41.35	10.34	51.69	155.06
Fallon Community Health Plan-Select Care	406.90	101.73	20.35	5.09	25.44	76.29	965.42	241.36	48.27	12.07	60.34	181.02
Health New England	362.11	90.53	18.11	4.53	22.64	67.89	897.27	224.32	44.86	11.22	56.08	168.24
NHP Care	364.28	91.07	18.21	4.55	22.76	68.31	964.76	241.19	48.24	12.06	60.30	180.89

Medicare Plans						
Name of Health Plan	Medicare	Gross Amt.	Federal	State	Federal	Net
	Full	25% of	Tax	Tax	Plus	
	Cost	F/C Med.	(20%)	(5%)	State Tax	Amount
Commonwealth Indemnity Medicare Extension Plan (OME)	\$376.98	\$94.25	\$18.85	\$4.71	\$23.56	\$70.69
Fallon Senior Plan Preferred	153.29	38.32	7.66	1.92	9.58	28.74
Harvard Pilgrim Health Care: First Seniority	186.36	46.59	9.32	2.33	11.65	34.94
Health New England MedRate Plan	386.66	96.67	19.33	4.83	24.16	72.51
Tufts Health Plan: Medicare Complement	332.68	83.17	16.63	4.16	20.79	62.38
Tufts Health Plan: Medicare Preferred	148.86	37.22	7.44	1.86	9.30	27.92
Note: The Medicare full cost rates do not include the Medicare Part B premium.						